

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	VT	6007	1/27/00
<b>O.I.P.E. CLASSIFIER</b>		243	2/15/00
<b>FORMALITY REVIEW</b>		7/176	3/16
<b>RESPONSE FORMALITY REVIEW</b>			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final Original 1	1/27/00
2	✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
13	✓ ✓
14	✓ ✓
15	N
16	N
17	✓ ✓
18	N
19	N
20	N
21	N
22	✓
23	✓
24	✓
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Claim	Date
Final Original 51	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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